



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

August 1, 2008

GENERAL LETTER NO. 23-K-AP-3

ISSUED BY: Bureau of Purchasing, Payments, and Receipts,
Division of Fiscal Management

SUBJECT: Management Manual, Title 23, Chapter K Appendix, **PROCUREMENT
APPENDIX**, Title page, revised; Contents (page 1), revised; pages
1 through 8, revised; and the following forms:

470-3522	<i>Approval for Purchase, new</i>
	<i>Customer Complaint Report, new</i>
GAX	<i>General Accounting Expenditure, new</i>
470-4555	<i>Office Supply Return, new</i>
470-0047	<i>Supply Order, revised</i>

Summary

This appendix is revised to reflect current policies and procedures.

Effective Date

Immediately.

Material Superseded

Remove the entire Chapter K from Management Manual, Title 23, Appendix, and destroy it. This includes the following:

<u>Page</u>	<u>Date</u>
Title page	June 29, 1984
Contents	October 29, 1985
Adm-2103-0 (470-0043)	5/80
1, 2	June 29, 1984
Adm-2104-0 (470-0044)	5/80
3, 4	June 29, 1984
Adm-2107-0 (470-0045)	6/84
5, 6	June 29, 1984
Adm-2118-0 (470-0047)	6/78
7, 8	June 29, 1984
IFAS #A-6	7/83
9-12	June 29, 1984

IFAS #A-7	7/83
13-16	June 29, 1984
Continuation Sheet (Unnumbered)	None
17, 18	June 29, 1984
IFAS #A-9	7/83
19, 20	June 29, 1984
CP-B159974 D1	11/72
21, 22	June 29, 1984
CPB-15976	6/79
23, 24	June 29, 1984
Affidavit of Non-Collusion and	None
Instruction (Form-1-3)	
25	October 29, 1985

Additional Information

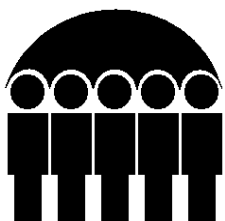
Refer questions about this general letter to your facility superintendent, service area manager, or regional collections administrator.

Revised August 1, 2008

Management Manual
Title 23
Chapter K Appendix

PROCUREMENT

APPENDIX



Iowa
Department
of
Human Services

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Iowa Department of Human Services

Approval for Purchase

Vendor name:			
Type of purchase:			
Amount:	Federal:	State:	Other:
Fund:	Department:	Org.:	Object:
Persons responsible for purchase:			
Telephone number:		Date request for approval initialed:	
PO number:			

Purchase Approval			
	Approved	Denied	Date
Supervisor's Approval (all purchases)			
Division of Data Management (all purchases of computer equipment, services, or software)			
Bureau Chief/Administrative Officer (over \$500)			
Division/Service Area Manager (over \$1,500)			
Budget Analyst (over \$500)			
Chief Financial Officer (over \$1,000)			

Approval for Purchase, Form 470-3522

Purpose	The Department uses form 470-3522 to record required approvals for purchases of data processing equipment, services, software, and all other goods.
Source	Complete this form using the template available in Outlook.
Completion	<p>This form must be completed for</p> <ul style="list-style-type: none">◆ All purchases of computer equipment, services, or software that exceed \$500 in the aggregate. <p>NOTE: Requests to purchase computer equipment, services, or software for \$500 or less may be submitted to the Division of Data Management in writing or by e-mail.</p> <ul style="list-style-type: none">◆ All other purchases of goods (except office supplies).
Distribution	<p>Route the form to the persons required to approve the particular purchase:</p> <ul style="list-style-type: none">◆ Your supervisor (for all purchases)◆ The Division of Data Management (for purchases of computer equipment, services, or software)◆ Your bureau chief or administrative officer (for purchases over \$500)◆ Your division administrator or service area manager (for purchases over \$1500)◆ Your budget analyst (for purchases over \$500)◆ The chief financial officer for the Department or for the facility (for purchases over \$1000) <p>Route the completed form to the purchasing agent in the Bureau of Purchasing, Payments, & Receipts. Keep one copy of the signed form with the payment documentation.</p>
Data	<p>Vendor name: Name of company from which goods are to be purchased.</p> <p>Type of purchase: Description of item to be purchased.</p>

Amount: Total cost of purchase.

Federal: Amount of federal funds to be used for purchase.

State: Amount of state funds to be used for purchase.

Other: Amount of funds other than federal and state to be used for purchase.

Fund: Enter the fund code.

Department: Enter the Department code.

Org.: Enter the organization code.

Object: Enter the object code.

Persons responsible for purchase: Name of purchase originator.

Telephone number: Number of purchase originator.

Date request for approval initialed: Self-explanatory.

PO number: This field is completed by DDM.

Purchase approval: Purchase is to be approved or denied by staff as noted on the form.

STATE OF IOWA
IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES ENTERPRISE - PROCUREMENT SERVICES
Hoover State Office Building, Level A
Des Moines, IA 50319-0105

CUSTOMER COMPLAINT REPORT

*Complete this form to report complaints pertaining to vendor performance/service,
product or unsatisfactory service to General Services Enterprise - Procurement Services.*

Agency		Customer	
Address		Address	
Telephone		Agency Requisition Number	PO Number
Product Covered by Complaint		Contract Award Number	Brand Name
Date Product Received	Date Product First Utilized	Invoice Number	Code Number

NATURE OF COMPLAINT

QUALITY/QUANTITY

	Quality of product inferior
	Unsatisfactory/unauthorized substitute made
	Unsatisfactory workmanship in installation
	Damaged or defective
	Product lacks required inspection or grade certification
	Product received was not same as bid or sampled
	Less than ordered
	More than ordered
	Other - Specify:

DELIVERY

	Delivery not made within specified delivery
	FOB point not as specified on purchase order
	No notice of delayed delivery
	Received in damaged condition <input type="checkbox"/> Carrier notified
	Incorrect shipping address
	Partial delivery - cannot deliver balance of order
	Excessive partial shipments
	Non-delivery
	Method not as specified, before/after hours
	Other - Specify:

	Improper labeling
	Unsatisfactory packing
	Failure to resolve complaint properly
	Invoice inaccuracies
	Service deficiencies
	Other - Specify:

REMARKS:

Give detailed, specific, factual explanation of complaint in this space. Attach additional sheet if necessary.

RECOMMENDATION FOR SETTLEMENT OF COMPLAINT:

☐ For your information

☐ For return and reimbursement of product

COMPLAINT EXECUTED BY:

Name:		Title:	
Phone:	FAX:	Date:	
Complainant notified of disposition:		Yes	No

AGENCY USE ONLY

Disposition of Complaint:	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Purchasing Agent: _____ Date: _____	

updated 06/26/08

Customer Complaint Report

Purpose	<p>The <i>Customer Complaint Report</i> is used to report to DAS-GSE Division of Procurement Services:</p> <ul style="list-style-type: none">◆ Claims for damage to goods during shipment.◆ Other instances of vendor noncompliance.
Source	<p>This form is available at: http://das.gse.iowa.gov/procurement/vendor_complaint.html.</p>
Completion	<p>Complete this form when goods are damaged during shipment or there is an instance of vendor noncompliance.</p>
Distribution	<p>Submit one copy of the form to DAS-GSE Division of Procurement Services and keep a copy in the Department file.</p>
Data	<p>Complete the form as follows:</p> <p>Agency: Name of the Department submitting the claim.</p> <p>Customer: Name of vendor.</p> <p>Address: Address of the Department submitting the claim.</p> <p>Address: Address of the vendor.</p> <p>Telephone: Telephone number of the person submitting the claim.</p> <p>Agency Requisition Number: Leave blank.</p> <p>PO Number: Purchase order number.</p> <p>Product Covered by Complaint: Description of goods.</p> <p>Contract Award Number: Contract award number, if applicable.</p> <p>Brand Name: Brand name of damaged goods.</p> <p>Date Product Received: Self-explanatory.</p>

Date Product First Utilized: If applicable.

Invoice Number: Invoice number.

Code Number: Not applicable.

Nature of Complaint: Check all items applicable.

Remarks: Any additional information that substantiates the claim.

Recommendation for Settlement of Complaint: Complete as appropriate for the claim.

Complaint Executed by: Identity of the employee completing the form.

Agency Use Only: To be completed by DAS-GSE.

STATE OF IOWA

GAX

BUDGET FY	GENERAL ACCOUNTING EXPENDITURE										DOCUMENT NUMBER								
	DATE					ACCTG PERIOD (MM/YY)													
VENDOR CODE						AGENCY NAME Department of Human Services													
VENDOR NAME AND ADDRESS						BILL TO ADDRESS (ORDERING AGENCY) Department of Human Services						SHIP TO ADDRESS							
TERMS			FOB			ORDER APPROVED BY						GOODS RECEIVED/SERVICES PERFORMED DATE INITIALS							
QUANTITY		VENDOR'S INVOICE DATE					VENDOR'S INVOICE NUMBER												
ORDERED	RECEIVED	UNIT OF MEASURE		DESCRIPTION													UNIT PRICE		TOTAL PRICE
EFT IND		YES		NO		Contract Number:													
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
DOCUMENT TOTAL																			
CLAIMANT'S CERTIFICATION I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN PAID. DATE TITLE										AGENCY CERTIFICATION I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: CODE OR CHAPTER SECTION(S)									
CLAIMANT'S SIGNATURE										AUTHORIZED SIGNATURE									
THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																			
LINE	FUND	AGCY	ORGN	SUB ORGN	ACTV	RSRC	SUB RSRC	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY / UNITS	I / D	DESCRIPTION	AMOUNT	I / P / D F		
01																			
02																			
03																			
04																			
05																			
06																			
07																			
08																			
09																			
10																			
11																			
12																			
13																			
14																			
DOCUMENT TOTAL																			

General Accounting Expenditure, GAX

Purpose	The GAX form is used to pay invoices for the purchase of goods when the merchandise is not purchased from a state contract or another state department.
Source	This form is available as a template in Outlook.
Completion	The form is to be completed by the unit for whom the merchandise was purchased.
Distribution	The original and two copies of the form and all supporting documentation are to be submitted to the Bureau of Purchasing, Payments, and Receipts.
Data	<p>The following instructions provide guidance on those fields that must be completed on the form:</p> <p>Budget FY: Enter the state fiscal year the goods were received.</p> <p>Date: Enter the date the form is completed.</p> <p>Document Number: Enter the five-digit document number. NOTE: Offices who are adding an additional six digit number to documents for tracking purposes should enter the five-digit number followed by the six-digit number.</p> <p>Vendor Code: Enter the federal employer identification number or social security number of the vendor.</p> <p>Vendor Name and Address: Enter the name and mailing address for the vendor.</p> <p>Order Approved By: Enter the signature of the authorized designee, i.e., service area manager or administrative officer and the date signed.</p> <p>Ordered: Enter the number of units or quantity ordered.</p>

Received: Enter the number of units or quantity received.

Description: Enter information describing the type of goods purchased.

Unit Price: Enter the unit cost.

Total Price: Enter the total amount to be paid for the item.

EFT Ind: Mark "Y" if vendor has requested direct deposit.

Document Total: Enter the total of the claim.

Claimant's Certification: If no original invoice is attached, obtain the original signature of the vendor, title, and date.

Fund: Enter the assigned four-digit fund number.

Agcy: Enter the assigned three-digit agency number.

Orgn: Enter the assigned four-digit organization code.

Objt: Enter the applicable four-digit object code.

Amount: Enter the dollar amount associated with the particular object code.

Lines 02-14: Repeat the above information for each additional item to be paid on this claim.

Document Total: Enter the total amount of the claim.

Office Supply Return

Date:

Quantity Returning	Unit of Measure	Description	Item Number	Invoice Number	Reason for Return

Contact Name
Contact Phone

Total

Shipping Information	
Requesting Office	Pick Up Location (if not in Hoover)

Cost Center for Billing	Return Completed Form via E-mail to:
	DHS, Supply

Supply Unit Section Only
Date Received
Ordered From
Date Received From
Filled By
Date Shipped

Office Supply Return, Form 470-4555

Purpose	The <i>Office Supply Return</i> is used to return goods.
Source	Complete this form using the template available in Outlook.
Completion	The unit returning the goods shall complete the form.
Distribution	Submit the form to the "DHS, Supply" e-mail address.
Data	The following instructions provide guidance on those fields that must be completed on the form.

Date: Enter the date the form is completed.

Quantity Returning: Enter the quantity of the item to be returned.

Unit of Measure:

Description: Enter a brief description of the item.

Item Number: Enter the catalog item number, if available.

Invoice Number: Enter the invoice number for the goods.

Reason for Return: Enter the reason goods are to be returned.

Contact Name: Enter the name of employee completing the form.

Contact Phone: Enter the phone number of employee completing the form.

Requesting Office: Name of the DHS office returning goods.

Pick Up Location: Address for goods to be picked up (if not Hoover).

Cost Center for Billing: Cost centers used to bill goods when ordered.

Supply Order, Form 470-0047

Purpose	The <i>Supply Order</i> is used to submit an order for office supplies.
Source	This form is available as a template in Outlook.
Completion	The unit placing the order shall complete the form and submit it according to the schedule set by the Bureau of Purchasing, Payments and Receipts.
Distribution	The form is to be submitted to the "DHS, Supply" e-mail address.
Data	The following instructions provide guidance on those fields that must be completed on the form.

Date: Enter the date the form is completed.

Quantity: Enter the quantity of item to be purchased.

Description: Enter brief description of item.

Item Number: Enter the catalog item number, if available.

Page Number: Enter the catalog page number, if available.

Fund: Enter the assigned four-digit fund number.

Agcy: Enter the assigned three-digit agency number.

Orgn: Enter the assigned four-digit organization code.

Contact: Enter the name of employee completing the form.

Phone: Enter the phone number of employee completing the form.

Authorized Person: Signature of designee approving the order.

Return Address: Address or location for delivery of order.

Supply Order

Date:

Page of

						SUPPLY SECTION USE ONLY	
Sent	Quantity	Description		Item Number	Page Number	Item Cost	Total
Fund	Agency	Orgn.	Contact			Total Cost	
Phone ()			Authorized Person			Shipping Charges	
SUPPLY SECTION USE ONLY			Address To: Department of Human Services Supply Section A Level 1305 E Walnut St Des Moines IA 50319-0114 Return Address:				
Date Received							
Order Filled By							
Date Shipped							
Date Processed							

SUPPLIES NOT FILLED MUST BE REORDERED